

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-011865

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED APR 3 1962

## 1. PLACE OF DEATH

a. COUNTY

McDonald

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Southwest City

Length of stay in 1b

23 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Home

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

McDonald

admission)

c. CITY

OR

TOWN

Southwest City

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

None

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

Frank

C.

Wright

4. DATE

OF

DEATH

March

21

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

☒

Never Married ☐

Widowed ☐

Divorced ☐

## 8. DATE OF BIRTH

6-11-1892

## 9. AGE (last birthday)

69

## 10. IF UNDER 1 YEAR

Months

Days

## 11. IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Berryville, Ark

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John Wright

## 13b. MOTHER'S MAIDEN NAME

Martha Sparks

## 14. NAME OF HUSBAND OR WIFE

Elsie Wright

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NUMBER

## 17. INFORMANT

Address

Mrs. Elsie Wright Southwest City, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Carcinoma of Prostate

#### INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

☐

## 20b. SUICIDE

☐

## 20c. HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 3-17-62 to 3-21-62 and last saw him alive on 3-17-62

Death occurred at 1:50 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

R. E. Karmack, M.D.

(Degree or title)

## 22b. ADDRESS

Southwest City, Mo.

## 22c. DATE SIGNED

3-26-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

3-25-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Dodge Cemetery

## 23d. LOCATION (City, town, or county)

Southwest City, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Humphrey Funeral Home Noel, Mo.

## 25. DATE RECD. BY LOCAL REG.

March 28, 1962

## 26. REGISTRAR'S SIGNATURE

Mary A. Bailey

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

10600

20600

3

4 0

5 1

6

7 1

8 0

9 177X

10

11

12 90-0

13 1-0

Permit issued  
3-25-62

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wayne A. Woodward

Licensed Embalmer No. 5172

P. O. Address Neel, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.